

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90093 001 \*\*\*158.75

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**DOCUMENT # P98000073554**

1. Entity Name  
**VERSAILLES GROUP, INC.**

Principal Place of Business Mailing Address  
**5101 INAGUA WAY (CHANGE)** **PO BOX 110433 (CHANGE)**  
**NAPLES FL 34118** **NAPLES FL 34108-0108**  
**US** **US**



2. Principal Place of Business 3. Mailing Address  
**4100 CENTER POINT DRIVE** **4100 CENTER POINT DRIVE**  
 (Suite/Apt. #, etc.) (Suite/Apt. #, etc.)  
**106** **106**

DO NOT WRITE IN THIS SPACE

City & State City & State  
**FORT MYERS, FLORIDA** **FORT MYERS, FLORIDA**  
 Zip Country Zip Country  
**33916** **USA** **33916** **USA**

4. FEI Number **59-3528591** Applied For  
 Not Applicable  
 5. Certificate of Status Desired **\*** **\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**TENARO, RONALD N**  
**5101 INAGUA WAY**  
**NAPLES FL 34119**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒ **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State** 10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD D'ANGELO, JOSEPH UNIT #104, 6910 SATINLEAF RD N NAPLES FL 34102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, CEO RICARDO MCCORMACK 4100 CENTER POINT DRIVE #106 FORT MYERS, FL 33916 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCORMACK, RICARDO UNIT #104, 6910 SATINLEAF RD N NAPLES FL 34102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. TREASURER. RONALD N. TENARO 4100 CENTER POINT DRIVE #106 FORT MYERS, FL 33916 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TENARO, RONALD N 6910 SATINLEAF RD N NAPLES FL 34102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ronald N. Tenaro*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 JAN. 2002 593-7929  
 Date Daytime Phone #

CR2E034 (9/01)